

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 367950 RECEIPT DATE: 08 / 18 / 99  
 A NUMBER: PCT/ SE99 / 01031 IA FILING DATE: 06 / 10 / 99  
 FAMILY NAME: EKSTROM DELAY WAIVED (Y/N): N  
 GIVEN NAME: TOMMY DEMAND RECEIVED (Y/N): N  
 PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 11 / 98  
 NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
 ATTORNEY DOCKET NUMBER: 06275/188001 COUNTRY: SEX  
 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
 FAX  
 NAME: JANIS K FRASER  
 FISH & RICHARSON  
 STREET: 225 FRANKLIN STREET  
 CITY: BOSTON  
 STATE/COUNTRY: MA ZIP: 021102804  
 MAIL:  
 APPLICATION TITLES:  
 NEW USE

TAB TO LAST POSITION,PUSH SEND

18  
 2/2



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4952

<b>SERIAL NUMBER</b> 09/367,950	<b>FILING DATE</b> 08/18/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 06275/188001
<b>APPLICANTS</b> TOMMY EKSTROM, LINKOPING, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE99/01031 06/10/1999				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9802073-8 06/11/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/24/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26161				
<b>TITLE</b> NEW USE of a composition comprising formoterol and budesonide. <del>8/24/93</del>				
<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	